

PART 708 COMPLAINT FORM INSTRUCTIONS

These forms are provided for the benefit of potential complainants to help you understand the filing requirements of a Part 708 Complaint. **These forms are optional—you are not required to use these forms.** Please read these instructions carefully before completing the forms.

“Disclosure” Section Instructions

A protected disclosure is the statement you made that you believe led to retaliation against you. According to 10 C.F.R. § 708.5, to be protected, your disclosure must have revealed:

- (1) A substantial violation of a law, rule, or regulation;
- (2) A substantial and specific danger to employees or to public health or safety; or
- (3) Fraud, gross mismanagement, gross waste of funds, or abuse of authority.

Your "disclosure" may also take the form of protected conduct if you:

- (1) Participated in a Congressional proceeding or Part 708 proceeding; or
- (2) Refused to participate in an activity, policy, or practice if you believed participation would:
 - (a) Constitute a violation of a federal health or safety law; or
 - (b) Cause you to have a reasonable fear of serious injury to yourself, other employees, or members of the public.

In the “Disclosure” section below, report only ONE protected disclosure per page. If you have more than one protected disclosure to report, click the red “Additional Disclosures” button in the bottom right-hand corner of the page; complete a separate page for EACH protected disclosure you believe you made.

If you need more space to describe a protected disclosure than is available in the provided box, you may attach a separate statement to your submission email. Please label the statement clearly so that the reader can identify which protected disclosure it relates to.

“Retaliation” Section Instructions

In the “Retaliation” section below, report only ONE alleged act of retaliation per page. If you have more than one alleged act of retaliation to report, click the red “Additional Retaliation” button in the bottom right-hand corner of the page; complete a separate page for EACH alleged act of retaliation that you believe was committed against you. (Acts of retaliation may be related. The separation into different pages is merely to assist with processing the complaint.)

If you need more space to describe an alleged act of retaliation than is available in the provided box, you may attach a separate statement to your submission email. Please label the statement clearly so that the reader can identify which alleged act of retaliation it relates to.

“Required Statements” Section Instructions

Complete the “Required Statements” section below. Check both of the square boxes (provided that they are true), select one of the statements regarding grievance-arbitration procedures, and sign the form. If you submit an incomplete form, your complaint may be dismissed.

Please note that it is unlawful to knowingly submit false statements on this form. For more information, [click here](#) (18 U.S.C. § 1001).

Submission Instructions

Before submitting your form, check each page carefully to ensure that the information in it is correct, as some information may have pre-populated from previous pages. To submit your form, click the “Submit” button on the bottom right-hand corner of the “Required Statements” section. This will bring up an email draft which must be addressed to your ECP Director or Head of Field Element (as applicable). Please attach any additional statements or documents to the email.

PART 708: YOUR DISCLOSURE

PLEASE COMPLETE A SEPARATE PAGE FOR EACH ALLEGED DISCLOSURE YOU MADE.

Today's Date:

Date of Disclosure:

Disclosure No.:

Please identify the person(s) to whom you made your disclosure.

Please describe your disclosure covered under 10 C.F.R. § 708.5. Include what you said and how the recipient responded. If you need more room, attach an additional statement to your submission email.

Please identify the law, rule, or regulation (or other category covered by § 708.5) the violation of which was the subject of your disclosure.

PART 708: ALLEGED RETALIATION AGAINST YOU

PLEASE COMPLETE A SEPARATE PAGE FOR EACH ACT OF RETALIATION.

Today's Date:

Date of Retaliation:

Act of Retaliation No.:

End Date of Retaliation (if applicable):

Related to Disclosure No(s).:

Please describe the alleged act of retaliation, including what happened, who made the decision for the act to happen, whether there were any witnesses and who, and how the act relates to the protected disclosure. If you need more room, attach an additional statement to your submission email.

REQUIRED STATEMENTS FORM

Today's Date:

Check the following boxes to certify that both statements are true:

I am not currently pursuing, nor have I previously pursued, a remedy under State or other applicable law. (Does not include EEOC complaints)

All of the facts that I have included in this complaint are true and correct to the best of my knowledge and belief.

Select one of the following:

All available opportunities for resolution through an applicable grievance-arbitration procedure have been exhausted.

Date grievance-arbitration procedures terminated:

Please describe the reasons for termination of the grievance-arbitration procedure.

I filed a grievance under applicable grievance-arbitration procedures, but more than 150 days have passed and a final decision on it has not been issued.

Date grievance filed:

My employer has established no grievance-arbitration procedures.

My employer has established a grievance-arbitration procedure, but I have not utilized it.

Please describe the reasons you did not utilize the grievance-arbitration procedure. Please note that, absent extenuating circumstances, your complaint may be dismissed if your employer has a grievance-arbitration procedure and you have not utilized it.

Signature